## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 2.a.	NAME OF CANDIDAT	E OR COMMITTEE	-				
July 12, 2010 Howell N. Peoples  2.6. IF COMMITTEE, NAME OF CANDIDATE  3. ELECTION DATE							
2.b. IF COMMITTEE, NAME OF CANDIDATE		• • • •	3. ELECTION DAT	E			
			August	3,2006			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City		State	Zip Code	Phone			
801 Brood St. Chatt	ANDO9 4	TAI	37402				
4.b. CANDIDATE'S HOME ADDRESS (if different than			3/402	423-265-0214			
Street or Rural Route City	1	State	Zip Code -	Phone			
	remah	AME OF BOUTTON	37363	423-238-456/			
5. OFFICE SOUGHT (include district number, if applicable)  6. NAME OF POLITICAL TREASURER (may be candidate)  Chancellan, Part 2, 11th Jind, Distriction of the control of							
Chancellan, Vartz, 11th Jud. Dr.	177	/ homas	75 PU ( )	6AM5			
FIRST SECOND THIRD	FOURTH PRE-	PRF-	<b>∏∕ ∧</b> MID-YEAR	YEAR-END			
	QUARTER PRIMA	RY GENERAL	SUPPLEMENTA	. — – –			
JANUARY 16, 2010	8.D. E.	NDING DATE OF REF					
9. (Check one)	<u></u>	June 30	, 2010				
·	placure hacques contrib	udione (including in	kind) required total #4	000 or loss AND amand			
<ul> <li>a.  This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.)</li> </ul>							
b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000							
and/or expenditures total more than \$1,000	for this reporting period	od.	(···				
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign							
Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the campilidate or for any other nonpolitical purpose as defined by the federal internal revenue code.							
benefit of the camputate of for any other non-point	cai pui pose as delined	by the letteral lines	A I II				
X	7/12/10 1	//lown	July	7-12-10			
signature of candidate	date	signature	of political treasurer	date			
		<u>-</u>	<u> </u>				
11. WITNESS SIGNATURE		, ~					
Jisa J Amit	7-12-10	Jisa	2 Smo	7.12-10			
signature of witness	date	sig	nature of witness	date			
12. SUMMARY							
a. BALANCE ON HAND LAST REPORT			\$ 2,044	<b>E</b>			
b. TOTAL RECEIPTS THIS PERIOD			\$				
c. TOTAL DISBURSEMENTS THIS PERIOD			s 2,044-	<u> 22</u>			
d. BALANCE ON HAND (12.a, plus 12.b, minus				_			
e. TOTAL LOANS OUTSTANDING	<b>69:1</b> No	70F0 70F 13	· · · · · · · · · · · · · · · · · · ·	s <u></u>			
f. TOTAL OBLIGATIONS OUTSTANDING	<b>-</b>		1	()			
	11.12						
	pt of the			_			

## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
Howell N. Reoples	FROM: 1/16/10 TO: 6/30/10
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
a. Unitemized Contributions (\$100 or less from each source this period)	\$ <u></u>
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15	.b.)\$
16. LOANS RECEIVED THIS REPORTING PERIOD	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s — o —
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by catego	rv - e.g., printing, postage, gasoline)
	, -5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$	
s	
	***
\$	<del></del>
\$	<del></del>
	<del></del>
\$	<del></del>
<u> </u>	
<u> </u>	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$ 2,04452
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s 2,0445
22.IN-KIND CONTRIBUTIONS	-
a. Unitemized in-kind contributions (\$100 or less from each source this period).	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and	d 22.b.) \$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$ <u></u>
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown	n i item 12.f.)

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVE FROM://////			2. REPORT COVER	TO. 1 - 1		
TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount _	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)						
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Las: Name/Business Name		501 67 (3) a	to			
Tennessee Judicial Foundation Address		_ 501 G7 (3) a	ng anizativa	2,04452		
1903 Division State Zip Code		4				
Mashville	IN	Zip Code 37203				
First Name	Name Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address		-				
City	State	Zip Code				
		<u></u>		-		
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address						
City	State	Zip Code	+			
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name						
Address		†				
City	State	Zip Code	_		:	
First Name	Middle Name Middle Name		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Nam	1 <u> </u>	Purpose of Expenditure	<u></u>	Amount of Expenditure	
Last Name/Business Name		-				
Address		-				
City	State	Zip Code	_			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.)					2	
(lf this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					2,04452	